

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

107-11346

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51					
2	/		/					52					
3	/		/					53					
4	/		/					54					
5	/		/					55					
6	/		/					56					
7	/		/					57					
8	/		/					58					
9	/		/					59					
10	/		/					60					
11	/		/					61					
12	/		/					62					
13	/		/					63					
14	/		/					64					
15	/		/					65					
16	/		/					66					
17	/		/					67					
18	/		/					68					
19	/		/					69					
20	/		/					70					
21								71					
22								72					
23								73					
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25								75					
26								76					
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35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	11	↓	11	↓	12	↓							
TOTAL DEP.	9	↔	9	↔	37	↔							
TOTAL CLAIMS	20	[REDACTED]	20	[REDACTED]	49	[REDACTED]							